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On the Journey towards Health for All

Dear friends,

For the past 10 years, AMOS has been guided by the dream of **Health for All**. For us:

Health means the ability to follow our dreams.

Health means the chance to live long enough to see children grow up.

Health means the opportunity to serve our community and make the world a better place.

The phrase "Health for All" was coined 40 years ago at the World Health Organization's **Declaration of Alma Ata** – the groundbreaking international conference which recognized the importance of the participation of communities in primary health care. "Health for All" means that health care is about more than just hospitals and clinics and the absence of disease. Health care is integral – physical, mental, socioeconomic, emotional, and spiritual – and should involve communities themselves.

Community-Based Primary Health Care (CBPHC) is the strategy we use at AMOS, which builds partnerships with communities to train health promoters who can reach every mother, every child and every baby in remote areas with appropriate and effective health care. This year, we will be joining thousands of other organizations, leaders, and advocates to celebrate the 40th anniversary of the Declaration of Alma Ata. At the same time, we recognize that **millions of people around the world still do not have access to health care**, because poverty and long distances from health facilities make health care beyond their reach.

In Nicaragua, our programs now serve over 69,000 people and we continue to work to decrease health inequities suffered by the poorest people. AMOS has trained a network of 630 community health workers who help to bring health closer to the people. **Last year, we continued to see great results:** In 2017, there were no maternal deaths and there was a low rate of neonatal and deaths in children under age 5, in the 22 rural communities where we work.

For more than fifty years, starting with the pioneering work of AMOS Co-founder Dr. Gustavo Parajón in rural health, so many people have come together to be a part of this ministry and journey. With your help, our promoters and staff have been inspired to overcome challenges, encouraged to reach out to more people, and have worked together to improve our impact on the lives of people most in need.

Over the next ten years, our vision is to replicate the model of community-based care that AMOS has been developing so we can make an even greater impact on a regional, national, and international level.

We are honored to share this report with you as we celebrate our collective accomplishments over the past year. Thank you for joining us on this journey as we share God's love and work together towards making health for all a reality.

With much gratitude and love,

Bruid Parajoh

Dr. David G. Parajón Executive Director

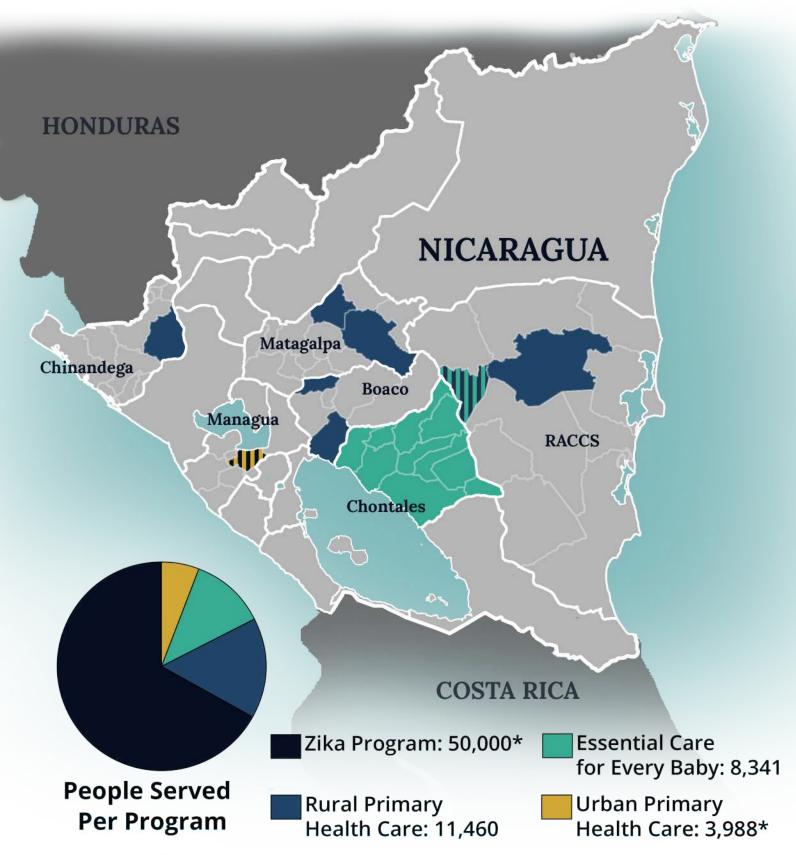
Laura Parajón

Dr. Laura Chanchien ParajónMedical Director

6

Where We Work

69,800 people served in 6 municipalities



^{*}All people served by the Urban Program are also served by the Zika Project.

Our Christian Values

SERVING

THOSE IN NEED BY WORKING HAND-IN-HAND WITH COMMUNITIES

RESPECTING

ALL PEOPLE WITHOUT DISTINCTION

LOVING OUR NEIGHBOR

THROUGH LONG-TERM RELATIONSHIPS

BEING GOOD STEWARDS

OF THE RESOURCES WE RECEIVE

EMPOWERING COMMUNITIES FOR SERVICE

THROUGH TRAINING OF LOCAL LEADERS

ADDRESSING SPIRTUAL HEALTH PEACE AND JUSTICE TO ENCOURAGE



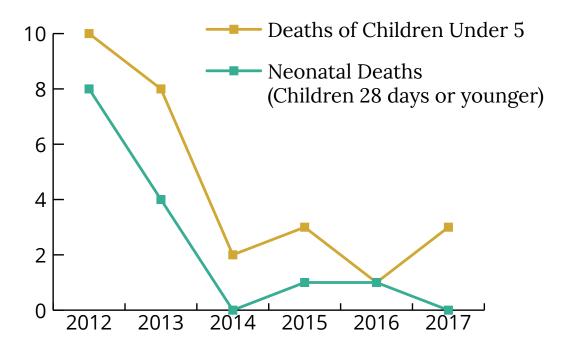
2017 Impact: A Year in Review

630 community health volunteers trained, serving 69,801 people across Nicaragua

100%
reduction in
neonatal
deaths

80% reduction in child deaths

maternal deaths



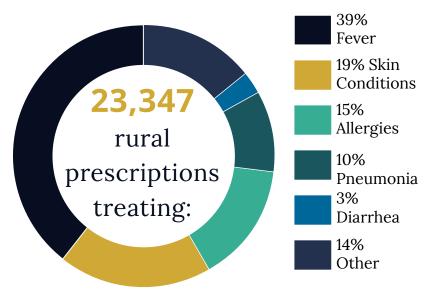
Rural health promoters are trained to focus on the health of the most vulnerable people in their communities - primarily pregnant mothers, newborns, and children under the age of two. They receive intensive training and support from AMOS. Through their hard work and sacrificial service, we have seen a decrease in the number of child deaths since 2012, and there were no maternal or neonatal deaths in 2017. We will continue to work in the most remote areas to reach the most vulnerable, because **we believe no child should die of a preventable cause**.



Our motto is that every person counts and every person is counted. Through a community census, promoters know where the most vulnerable patients live, and make sure they do **home visits** to check in on them. In the case of pregnant women like Ubencia, (above,) it is especially important that they get at least 4 prenatal care visits and give birth in a health center or hospital (also known as an institutional birth) and not at home, where life-threatening complications can arise.

13,879 rural home visits made





NOTE: While 23,347 free prescriptions were made in rural communities in all of 2017, the percentages above reflect only those prescriptions made through August.

Community clinics in remote areas are an important part of access to health care, but prevention of illness and promotion of health is just as important. This is why we also work to improve **access to clean water**, sanitation, and hygiene, to prevent water-borne illnesses that cause diarrhea and contribute to child malnutrition.

4,850 people with clean drinking water



Promoting Health and Wellness

Not everyone has equal access to health. One of our goals is to change that.

Where you are born and where you live has a big impact on your health.

Why? Because factors such as the quality of roads in your community, distance from the nearest health facilities, access to running water that is clean enough to drink, access to electricity, shelter that protects you from the elements, and your family's level of income all have a significant impact on your health.

People who live on the margins – whether in extremely remote rural areas or in underserved urban neighborhoods – deserve the same access to health as people who live closer to health care facilities or who have greater access to resources.

We bring health closer to communities by equipping health promoters with knowledge and simple protocols like recognizing and treating diarrhea – a common killer of babies and children. Promoters can easily share this knowledge because they live in their own communities. They can bring knowledge and skills for saving lives all the way to the household level to reach every mother, every child, and every baby in their own homes, and we have seen incredible results.

We see lives being saved. We see healthier children. We see that the most vulnerable people are not forgotten.





It was the middle of the night in the remote community of La Danta, in the RACCS region, and María began to bleed very badly.

María was a new mother. She didn't know it then, but **she was having a postpartum hemorrhage** (bleeding after delivery of a baby), and her life was at risk.

Five weeks before, she had gone to the health center to deliver her baby, and she had been hospitalized for a month due to some complications during labor. After a week of being back at her home, everyone thought she was out of danger.

For any woman this would be a life-threatening situation, but María's situation was even more perilous. She lives in a community located 2.5 hours away by truck from the nearest health center, where houses are miles away from each other in difficult terrain, with no paved roads, and no public or private transportation available, especially at night. For someone who is injured and can't walk, if there is no vehicle to transport them out of the community, they would need to be carried in a hammock for 8 hours on foot.

In rural Nicaragua, cases like these are not uncommon, and many times preventable tragedies happen.

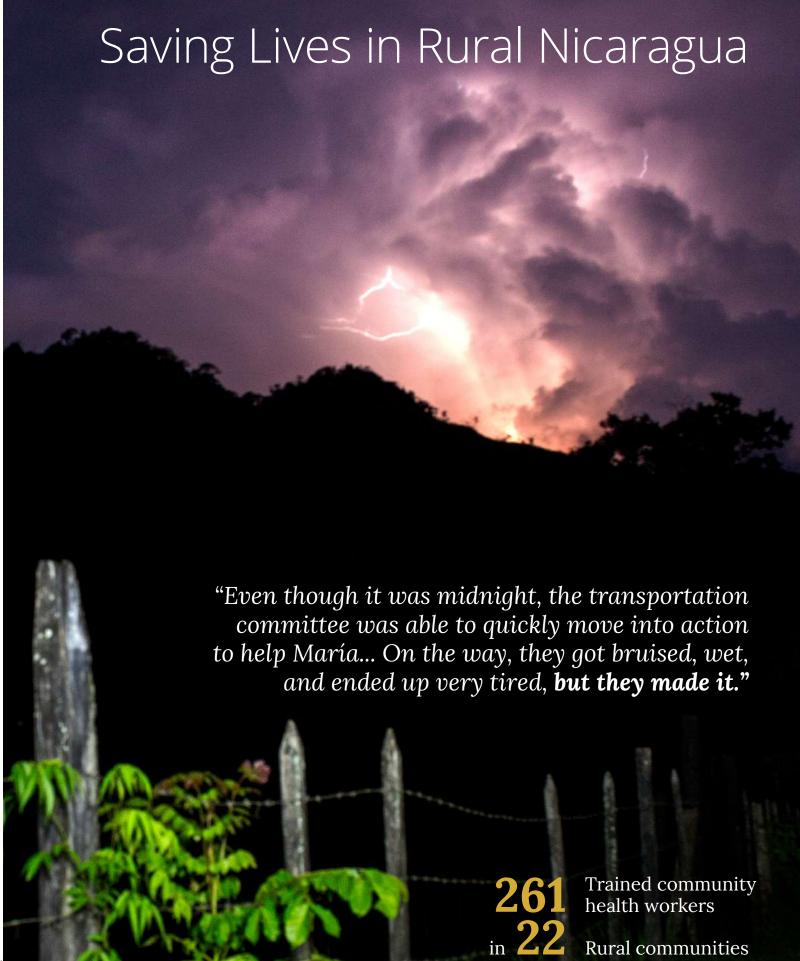
Fortunately for María and her family, AMOS works alongside the community of La Danta and has trained community health workers who know what to do during emergencies.

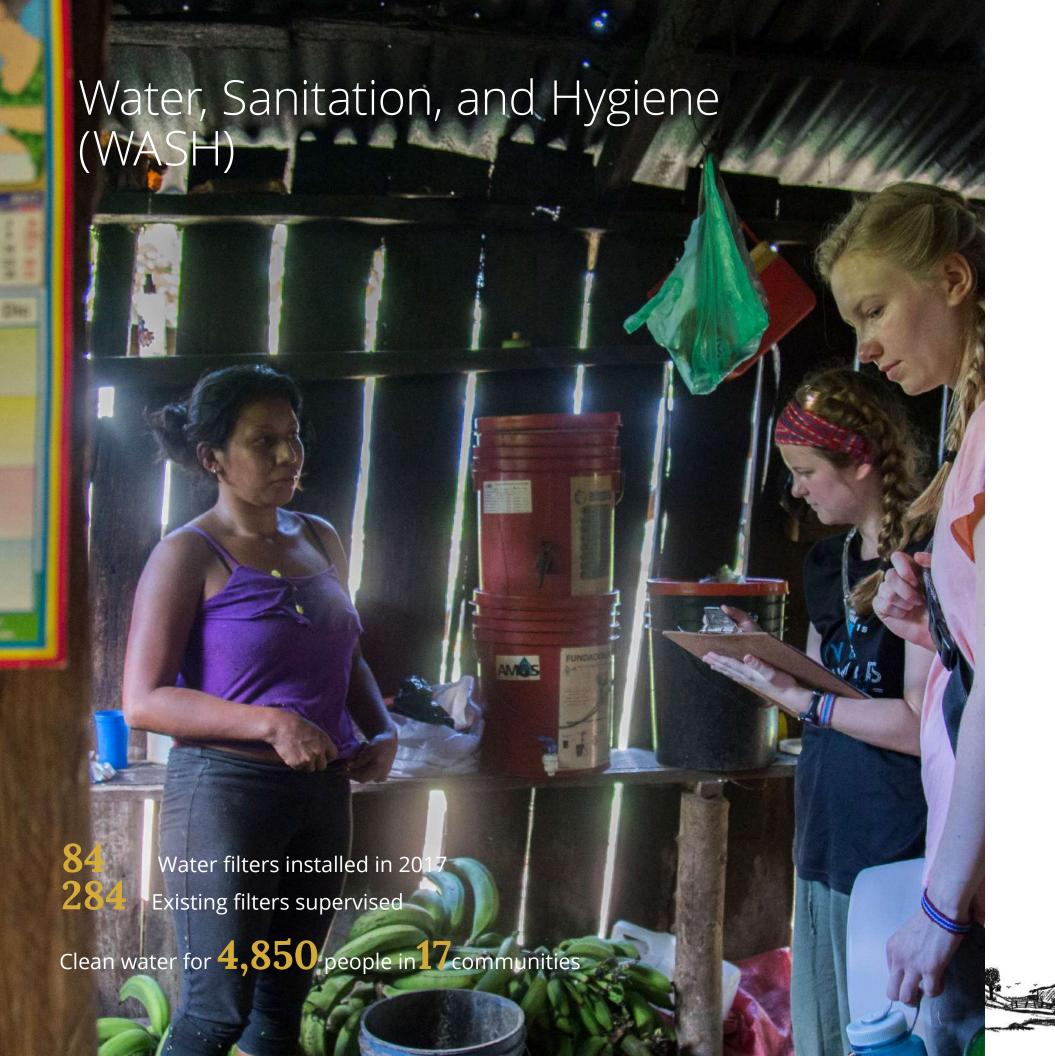
Even though it was midnight, "the transportation committee was able to quickly move into action to help María. They placed her on an improvised stretcher made up of a hammock and wooden sticks. On the way, they got bruised, wet, and ended up very tired, but they made it. They reached the road, where they had arranged for a truck to wait for her, and the health center staff was ready to see her", says Lester Suárez, a community health worker in La Danta.

The emergency transportation committee in La Danta is made up of 5 people. They are a highly committed team responsible for coordinating the transfer of a sick or injured person to the nearest health center. **Their volunteer service to the community is invaluable.**

María survived and is now back at home with her baby and family. Thanks to the generosity of AMOS supporters, La Danta community health workers were prepared to face this challenge and prevented a baby from losing her mother. It is our privilege to walk this journey together to help save lives and promote community health.







Clean water promotes health and prevents disease

In Nicaragua, rural areas have 20-40% less access to clean water than in urban areas, leading to health inequities such as increased diarrhea rates, which can also affect children's growth and development.

Back in 2010, an AMOS study assessed that only 4% of the people we were serving had access to water that was clean enough to drink.

Thanks to our supporters and numerous mission teams, our WASH (Water, Sanitation, and Hygiene) Program has **brought access to clean water to almost 50% of the people we serve**, and we keep working with our donors and partners so that more people can have access.

Besides providing water filters to families, the WASH program trains community volunteers, called Water Promoters, to educate their neighbors on good hygiene and sanitation practices and supervise filters to ensure they function properly. Their aim is to educate their community and be a year-round resource to help repair or replace filters that get damaged or need maintenance. Last year, 25 volunteers in the 5 communities we serve in the RACCS region – the most remote region we serve – were elected to be trained as Water Promoters.

The impact of the WASH Program is felt most in the homes of rural families. **Lilliam Reyes**, a mother living in the rural community of San Onofre, told us how access to clean water has not only changed her life, but is bringing wellness to her entire community:

"In past years, we have had diarrhea outbreaks, especially at the beginning and end of the rainy season. People would talk to each other about how sick they were – their children, their neighbors, everyone. It was very alarming, especially for children and the elderly, who are the most vulnerable.

This year has been different. Now we have water filters, and we know how to clean them and change the water. It is such a great help. It has been a huge blessing.

We are grateful for the water filters. It's a great benefit for our family and for the entire community."



Aura Estela Toruño was diagnosed with diabetes 12 years ago.

More recently, she was also diagnosed with hypertension.

For many years, Aura had been coming to the Samaritan Clinic to get her check-ups and tests. One day, she came for an appointment and "the doctor invited me to join a support group for patients suffering illnesses like mine. I came for a session, and since then I have kept on coming."

Aura has been a member of the Chronic Patients' Support Group for more than 2 years.

"I have seen so many changes in [the health of] my peers and myself. When I first came to the group I didn't know that eating so much rice and beans [without variety in my diet] was not good for me. All of us have learned together what's good to eat and what's not good to eat for our health.

We have learned about nutrition and to exercise at least 30 minutes every day, how to take our medication, and why it's so important to take it on time."

Support Groups provide a safe space where peers with similar health conditions can share their experiences, provide support to each other, learn how to live healthier, and face their challenges, fears, and milestones – **together**.

Besides physical wellness, there is also an emotional benefit. "Everything we do in the support group helps us. We are happier, we play and do different activities, we laugh and have fun, we relieve stress. **We feel better.**"

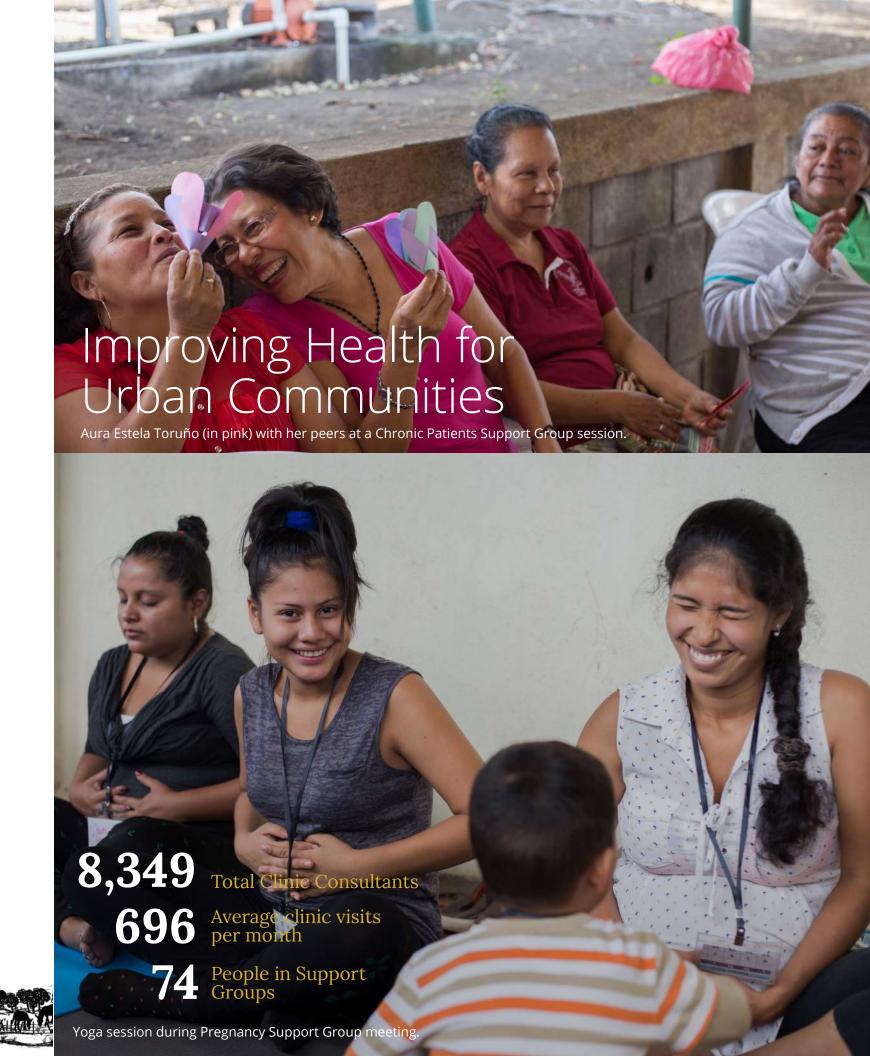
Since 2014, AMOS has been promoting community health and wellness in Nejapa working alongside local leaders called consejeras. These 12 community health educators work closely with the most vulnerable in their communities, and work together with the Samaritan Clinic staff to lead sessions of support groups for: patients with chronic illnesses, pregnant moms, and youth.



In 2018, several of the 12 Nejapa consejeras will take part in a social entrepreneurship project that will also help increase regular glycemia testing for diabetics in the community.

"Before, each of us patients was on our own, seeing the doctor and taking medications by ourselves. But now, it's much better. I feel happy every time I come to the group meetings because I know I will have fun and I will learn more about things that can help us live better."

> -Aura Estela, Chronic Patient Support Group Member







Solutions to community problems are more effective and longer-lasting when local people work together to create change.

When AMOS begins working with any community, we begin with the assumption that the community already has many great strengths. Even in communities where the majority of families live in extreme poverty, the people and social structures of that community can offer so much.

All of our programs are designed and our staff are trained to use methodologies that help facilitate both individual and community empowerment. Health promoter **Petronilo Gaitán (pictured left)** from Matagalpa is empowered with skills to save lives, organize his community, and motivate others to serve. His health committee of 6 people is empowered to work together to mobilize a resource fund and transportation committee to transport sick patients so their community can save lives and help children thrive.

You know your community best. AMOS strives to be a partner and outside facilitator in a process of helping individuals and communities feel more empowered to utilize the strengths and resources they already have.

We Focus On **Empowerment**





with individuals + with communities



Building Community Capacity through Youth Empowerment

As part of our efforts to advance community empowerment, AMOS works alongside the youth in vulnerable communities, promoting healthy behaviors and healthy life choices, and strengthening their leadership capacities.

The AMOS Youth Empowerment Program uses community empowerment educational methods to reduce and prevent risky sexual behaviors, alcohol, tobacco, and drug use, depression, and poor nutritional habits in adolescents. Since Nicaragua has the highest rate of teen pregnancy in Central America (and consistently the highest or second-highest in all of Latin America), the program also focuses on the prevention of teen pregnancy.

Since these problems are accentuated in remote, rural areas, the youth empowerment program has expanded into the five rural communities we serve in that region, as well as the semi-urban, but vulnerable, community of Nejapa. This program was made possible in part through the support of the **One Great Hour of Sharing** fund collected through American Baptist Churches.

By the end of 2017, four communities in RACCS and the community of Nejapa had youth empowerment committees, with 40 leaders in RACCS and 13 in the community of Nejapa.

Youth leaders have been trained to share the program's lessons and mentor other youth as part of a cascade training and mentoring process. They have shared the first three lessons of the program curricula with their peers, and in La Danta, El Bambú, and Nejapa, they are already playing roles in their communities' health committees.

"I feel good being one of their leaders because as they learn from me, I learn from them," says Jefferson, a young leader in El Bambú. At 17 years old, he is an active member of the youth committee, and thinks that together we can "continue reducing pregnancies at an early age, and see El Bambú become a healthier community."







399 People in 25 mission teams in 2017

16 Communities visited by mission teams

36 Community-identified projects completed

9 Volunteers and interns in 2017



Mission teams and volunteers foster long-term impact.

We are so grateful to the 438 people who came to Nicaragua in 2017 and shared their time, skills, and resources to serve alongside vulnerable people and help strengthen community empowerment in Nicaragua.

Your work builds up the long-term impact in vulnerable communities to help them improve their health and wellbeing. When you walk under the hot sun or in the rain to make sure families have access to clean water, or help teach about first aid to prepare people for emergencies, or work side-by-side with local people to improve community clinics that give hundreds of families better access to health care, you show whole communities that they are not forgotten. You show them they are loved. Thank you for sharing your hearts with our brothers and sisters, sharing your faith and values, and giving them the invaluable gift of hope.

To all our 2017 mission teams, volunteers, and interns - thank you for joining us on this journey.

"The people in the community were so welcoming; their smiles, hugs and expressions were heartwarming and will stay long in my memory.

AMOS taught me that no matter where you live, the love of Jesus exists and is shared."

Sally Perry. Delegation member of the American Baptist Churches of Pennsylvania and Delaware 2017 Spring team



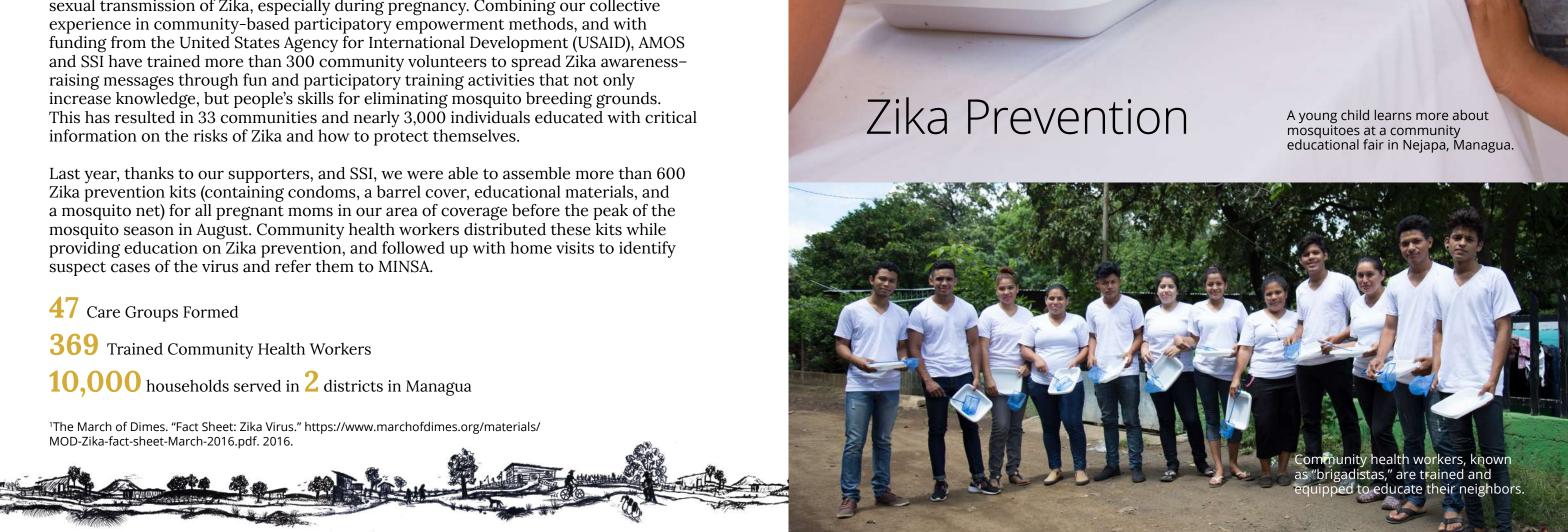


Communities come together to prevent Zika

For most people, getting infected with Zika means a few days of mild fever, rash, and red eyes. For pregnant women, however, the consequences of Zika on their unborn babies can be devastating. If a pregnant woman gets Zika, there is an up to 30% chance that her baby can get microcephaly or Zika Congenital Syndrome, which means that their baby will need special care for all their life, an estimated cost of up to \$10 million dollars over a lifetime.1

Unfortunately, the Aedes Aegypti mosquito, which spreads the Zika virus, is also known as the "cockroach" of mosquitoes. It hides in corners and dark spaces, and is hard to get rid of with chemical spraying. The good news is that the mosquito can only fly 500 meters in its 1-month lifetime – so if everybody just eliminated mosquito breeding sites from their homes, we would have no mosquito problem! But it is hard to get the message out, and get people to change their behaviors. So soon after the Zika outbreak occurred in Latin America, AMOS partnered with Sustainable Sciences Institute (SSI), an organization in Nicaragua dedicated to community-based mosquito control programs.

Together we are now working to strengthen the role of the community in preventing the spread of Zika and its devastating effects by training and motivating community volunteers to visit neighborhood households to educate them about eliminating mosquito breeding grounds, like old tires, and promoting condom use to prevent sexual transmission of Zika, especially during pregnancy. Combining our collective







There is a growing body of evidence that for health systems to equitably reach the most vulnerable people, community health workers (CHWs) must be a key part of the solution.²



Creating a Bridge

In places like Nicaragua, most people get their health care through the government public health system. And while this type of system helps achieve access to care for most of the population, there are still barriers to care linked to extreme poverty, far distances between communities and health facilities, hard-to-access roads, a lack of transportation infrastructure between rural and urban communities, and socio-cultural norms that prevent the most vulnerable people from accessing the health care they need.

One of AMOS' key partners in this work is the Nicaraguan Ministry of Health. We share the same goal of reaching the people who most need access to care. AMOS has been invited to support the Ministry of Health in trainings for doctors and nurses, as well as a focus on quality improvement in the delivery of health care services.

Over the next 3 years, AMOS hopes to partner with the Ministry of Health to replicate models for health care delivery that expand the network of CHWs and bring health closer to the people.

²Perry, Henry, et al. "Comprehensive review of the evidence regarding the effectiveness of community-based primary health care in improving maternal, neonatal and child health." Journal of Public Health 7, no. 1, (2017).







TESSENTIAL Care for Every Baby

While we have seen an 80% reduction of child deaths in the communities we serve since 2012, neonatal mortality (death within the first 28 days of life) has declined at a slower rate in other regions of the country.

As a way to respond to this national health priority, since 2015 AMOS has partnered with the Nicaraguan Ministry of Health (MINSA), the University of North Carolina (UNC) Chapel Hill, LDS Charities, University of Washington in Seattle, Cécile and Marc Noel, Pullen Memorial Baptist Church, and the Nicaraguan National Autonomous University in León (UNAN-León) to train health professionals and medical students on protocols to help save babies' lives in the first minutes of life to the first month of life using two trainings developed by the American Academy of Pediatrics called Essential Care for Every Baby (ECEB) and Helping Babies Breathe (HBB).

Using a "train-the-trainer" model and supportive supervision to implement the program, AMOS has trained all the medical staff of MINSA in the 10 municipalities of the

department of Chontales on ECEB and HBB protocols. We support the MINSA initiatives to improve neonatal mortality by working alongside them to help support quality improvement processes. This includes making sure doctors and nurses are drying and stimulating newborns in the **First Golden Minute** of life, assuring babies get immediate skin-to-skin contact with their mothers, promoting early initiation of breastfeeding, and administration of vitamin K.

Thanks to our partners and supporters, so far **609 health professionals and medical students** in Nicaragua have been trained on ECEB and HBB. We are working with national universities to incorporate this training program into their Faculty of Medicine's curricula to ultimately improve newborn care and reduce neonatal mortality.

"I recall a difficult birth 2 months after the training in May of 2017, of a baby who had a double umbilical cord around his neck. The baby was not breathing. At this crucial moment, I followed what the HBB action plan indicated: stimulating the baby and then ventilating. The baby breathed and cried immediately afterwards."

> As told by Dr. Katherine Guido (Epidemiologist at health center in Santo Tomás, Chontales) to Dr. Carlos Escobar, AMOS primary health care staff







The future of global health lies in the hands of the next generation of health professionals.

Our hope is that their approach to their work will include a perspective on health that addresses community needs.

In the standard health care model, doctors wait for patients at clinics and hospitals, treat them, and then send them back to the same living conditions in their communities.

At AMOS, we believe the key to better community health is to make community-based health care just as important as traditional clinic or hospital-based care. This means that resources that are usually allocated for clinics or hospitals are also allocated to communities themselves.

Since health outcomes are affected by behaviors and social determinants of health, we believe health professionals should be trained to (1) address health inequities, (2) promote behavior change for disease prevention and health promotion, (3) work in teams with the communities to change the social determinants of health, and most importantly, (4) find their social mission to transform health care and serve those most in need.

By integrating community-based approaches into the education of health professionals today, we aim to transform the future of community health in Nicaragua and around the world.

> "Love is the steadfast committment to the well-being of others." — Dr. Cornell West, theologian





Dr. Gabriella Woo, AMOS Programs Director, recently completed a 10-month fellowship program with honors through the Central American Healthcare Initiative (CAHI) in partnership with INCAE Business School in Nicaragua.

CAHI was launched in 2012 to develop, support, and promote innovative, efficient health care management and delivery in Central America.

Dr. Woo's project, called **Transforming Primary Health Care in Rural Communities**, focused on the importance of adapting the education of health professionals in Nicaraguan medical schools in order to more effectively address health inequities. She placed an emphasis on the need to change health care models from a top-down approach to one where the communities' needs are heard first, and communities actively participate in the reflection and decision-making process to address their own needs.

"As a doctor, I used to have a long line of patients waiting to see me, and when I saw them, I would treat them with medicine and then send them right back to the difficult home conditions that led to their health problems in the first place.

"At AMOS, I have seen how health promoters can empower communities to save lives, but also work on the social determinants of poor health like poverty or lack of clean water. This is what motivates me and what led me to develop a project that seeks to transform the approach of primary health care in rural settings into a family and community-based one through the use of participatory and empowering methodologies by health care professionals", says Dr. Woo.



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"Two are better off than one, because together they can work more effectivly. If one of them falls down, the other can help him up."

Ecclesiastes 4:9-10



Our Partners

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Thank you to all our partners and supporters. With your help, we are helping thousands of vulnerable people in Nicaragua to live longer and healthier lives!

Ginger Creek Community Church Christian Brothers University Grace-Trinity Community Church National Autonomous University of Greenfield Baptist Church Nicaragua (UNAN) Texas A&M University Tri Delta Jeff Street Baptist Community Sorority Knollwood Baptist Church The University of Texas in Lakeview Baptist Church San Antonio Market Street Baptist Church **Tulane University** Markey Community Church University of Iowa McGrawville Baptist Church University of Miami Medical School Mennonite Central Committee University of North Carolina Chapel Meridian Avenue Baptist Church Hill Wake Forest University North Hills Community **COLLABORATIVE PARTNERS Amos Trust** Ocean View Baptist Church Aqua Clara Olive Branch Baptist Church Centro Nehemias Park Avenue Baptist Church

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Wake Forest Baptist Medical Center

Volunteers in Mission

*FBC: First Baptist Church

Our Partners (continued)

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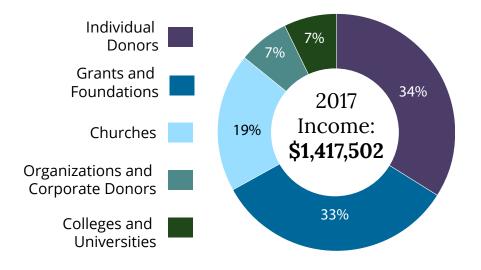
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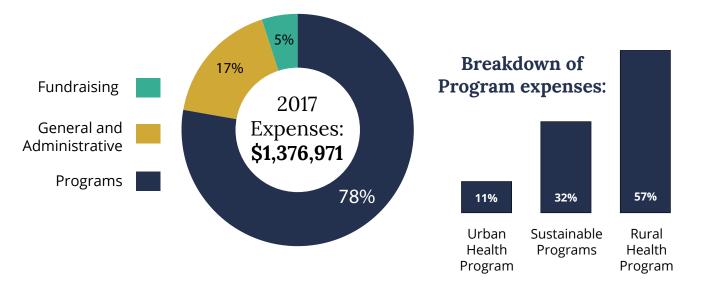
Daniel Thimann Bruce and Becky Van Der Beek Bruce and Carol Wyatt



2017 Finances

As a nonprofit, AMOS depends on the generosity of hundreds of individuals, foundations, churches, universities, organizations and corporations. We are committed to good stewardship of our resources. In 2017, 78% of AMOS' income went directly to programs.





Our three main program areas include **Rural Health**, **Urban Health**, and our three **sustainable programs**: our Delegations and Volunteer programs, as well as our Guesthouse in Managua. Each sustainable program covers its own expenses and contributes funds to support AMOS' ongoing mission. Delegations and volunteers support community projects in our Rural and Urban Health programs.













Celebrating 10 Years of Working Together for Health for All

Last year, AMOS Health and Hope had the privilege of celebrating two important anniversaries - the 50th anniversary of the start of Dr. Gustavo Adolfo Parajón Domínguez's pioneering medical missionary work in rural Nicaragua, and the 10th anniversary of AMOS as an organization.

Representatives from many of our key partners - including the Nicaraguan Ministry of Health (MINSA) and other collaborating organizations, our current group of community health workers, some of the *very first* rural health promoters trained by Dr. Gustavo in the late 1960s, AMOS Board members, volunteers, and staff - joined us in the celebrations. Together, we were able to celebrate the reduction of maternal and child deaths, and improvements in access to health care for more than 69,000 people in six regions of Nicaragua.

During the event, the AMOS Board officially announced the first "Order of Merit in Service in Health – Dr. Gustavo Adolfo Parajón Domínguez", and awarded it to a team of four MINSA health care workers, three posthumously, as they were tragically killed while serving communities in the region of Chontales during tropical storm Nate last October.

Thanks to everyone who has worked alongside us for the past 10 years of AMOS and 50 years of missionary work in Nicaragua! **Knowing that you are with us on this journey makes all the difference.**

Plans for the Future in 2018-2020



Collaborate for equity



Educate with love



Evaluate for impact



Replicate what works



for change

As we look into the future, we plan to focus our strategies to work towards health for all based on these principles:

EVALUATE for impact.

We pay attention to what works and what needs improvement, so we can make sure that we are doing the most effective work possible.

COLLABORATE for equity.

We believe in health for all, and that means that we will learn from and work together with our partners for this goal.

REPLICATE what works.

We share what works across programs, with other organizations, and with other countries to serve more people.

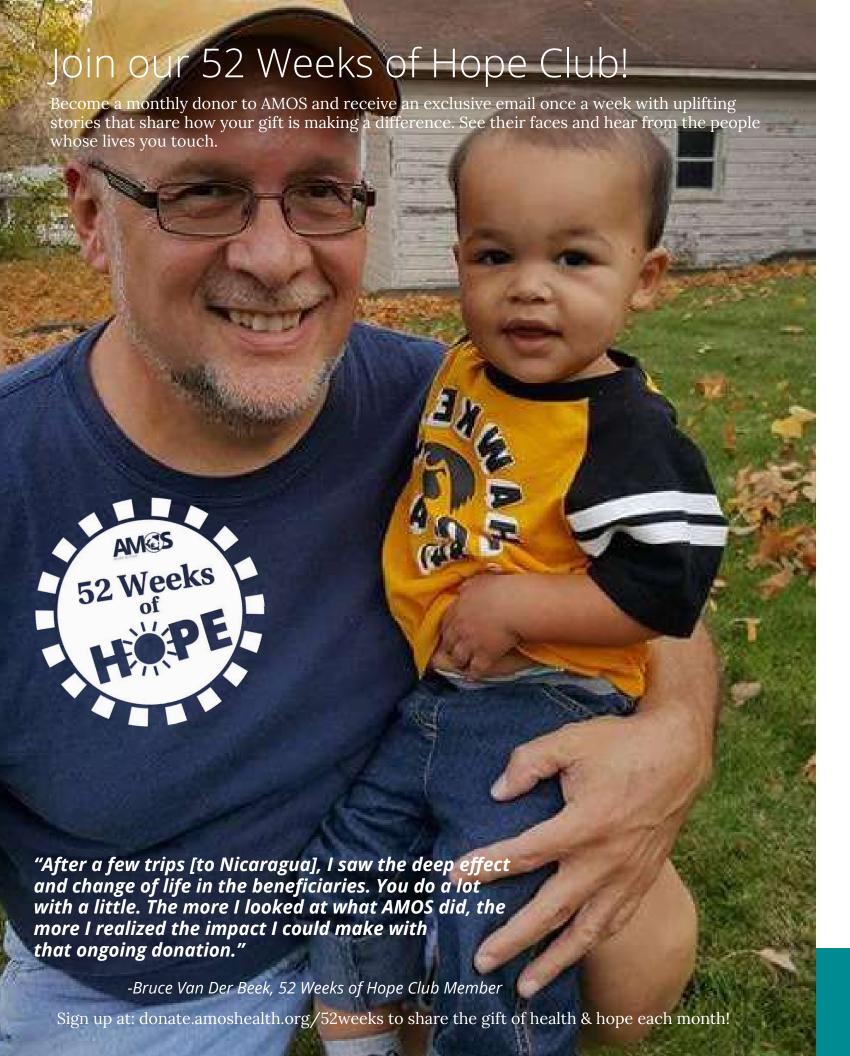
EDUCATE with love.

We educate and learn from one another. It requires an iterative process of acting, reflecting, learning, and planning together.

ADVOCATE for change.

We amplify the voices of the marginalized and join in with our own to help reach our common goal of health for all.





CONSIDER LEAVING A LEGACY

We invite you to consider making a legacy gift to AMOS Health and Hope so that vulnerable communities in Nicaragua can continue improving their health for years to come.



"For the past several years it has been our privilege to participate in, and to be supportive of, the health care and educational ministry of AMOS Health and Hope in Nicaragua. We are deeply impressed by AMOS' effective leadership, by its careful management of resources, and by the results that have been achieved in saving and improving the lives of children and adults living in less than ideal conditions.

The need for resources to maintain this multi-faceted operation continues to grow. We are happy year by year to help meet that expanding need and, in addition, to ensure that our support will continue into the future through a testamentary provision.

Giving to AMOS is not just a contribution. It is an investment in human life and well-being that yields enormous dividends. Please join us."

- Arthur and Marlene Francis

If you are interested in including AMOS Health and Hope in your will, please contact us AMOS Development Director, Christine Lafferty, at **christine.lafferty@amoshealth.org.** Your bequest can help thousands of vulnerable people in Nicaragua live healthier and longer lives.

